Position Description

Send the original to the Office of Personnel Services			c. Be certain the form is signed.	Number	
CHECK ONE: ☐ NEW POSITION ☐ EXISTING POSITION					
Part 1 - Items 1 through 12 to be completed by de	epartment head o	or personnel office.			
1. Agency Name	9. Position No.	10. Budget Program Number			
Department for Children and Families K0044124		23242			
2. Employee Name (leave blank if position vacant)		11. Present Class Title (if existing position)			
		Social Work Special			
3. Division		12. Proposed Class T	itle		
Family Services-Wichita Region	F	12 11			
4. Section Program and Services Integration	For	13. Allocation			
5. Unit	Use	14. Effective Date		Position	
Prevention and Protection Services-Adult Protective		1 1. Effective Bute		Number	
Services (APS)					
6. Location (address where employee works)	By	15. By	Approved		
City County					
7. (circle appropriate time)	Personnel	16. Audit			
Full time X Perm. X Inter.		Date:	By:		
Part time Temp. 100%		Date:	By:		
8. Regular hours of work: (circle appropriate time)	Office	17. Audit			
		Date:	By:		
FROM: 8:00 <u>AM/PM</u> To: 5:00 AM/ <u>PM</u>		Date:	By:		
PART II - To be completed by department head,	personnel office	or supervisor of the p	osition.		
18. If this is a request to reallocate a position, briefly other factors which changed the duties and respo			ent of work, new function added b	y law or	
19. Who is the supervisor of this position? (person who assigns work, gives directions, answers questions and is directly in charge)?					
Name	Title		Position Nun	nber	
Who evaluates the work of an incumbent in this pare		Position Nun	ıber		
Same					
20. a) How much latitude is allowed employee in con	mpleting the work	c? b) What kinds of ins	tructions, methods and guidelines	are	

given to the employee in this position to help do the work? c) State how and in what detail assignments are made.

21. Describe the work of this position using the page or one additional page only. (Use the following format for describing job duties):

What is the action being done (use an action verb); to **whom** or **what** is the action directed (object of action); **why** is the action being done (be brief); **how** is the action being done (be brief). For each task state: Who reviews it? How often? What is it reviewed for?

Number Each Task and Indicate Percent of Time and Identity each function as essential or marginal by placing an E or M next to the % of time for each task. Essential functions are the primary job duties for which the position was created and that an employee must be able to perform, with or without reasonable accommodation. A marginal function is a peripheral, incident of minimal part of the position.

No. Each Task and Indicate Percent of Time	E or M	
1. 45%	E	SOCIAL WORK TASK Conducts investigations and assessments on adult protective service reports, conducts necessary interviews of involved adults, collateral witnesses and family members, and alleged perpetrators. Produces a permanent record of and completes some or all of the following social work tasks in the Kansas Intake/Investigation Protection System (KIPS) accurately and within established timelines: documentation of case activities, consumer based assessments, abuse/neglect/exploitation investigations, findings and required notices, adult service plans, and information gathering throughout the investigation. Liaison and regulatory activities as assigned by the Supervisor. Prepares appeal summaries, testifies before appeals hearing officer in reference to agency decisions. Requires some crisis intervention, critical thinking, ability to demonstrate independent judgment, and ability to formulate recommendations.
2. 35%	Е	SERVICE COORDINATION Coordinates with State agencies such as Kansas Department for Aging and Disability Services, Office of the Attorney General, Kansas Department of Health and Environment. Community agencies such as: Home health agencies, Area Agencies on Aging, nursing facilities, Independent Living centers, courts, multi-disciplinary teams, mental health/developmental disabilities, and other service providers, in order to assess the consumer, develop service plans, and to access services and resources for the consumer. When appropriate, make referrals to and works in conjunction with law enforcement, county attorney, and the court. In cases of guardian/conservator, will coordinate and work in conjunction with DCF Attorney, Kansas Guardianship Program, family, and other individuals.
3. 20%	E	TEAM PARTICIPATION/TRAINING Actively participate in, contributes to, and supports the team effort in planning, delivering, and coordinating services. This is accomplished in part by and actively participating in individual supervision, and attending unit/team meetings. Utilizes formal and informal training opportunities to enhance knowledge of and build skills in the following areas: social work practice, agency policy, leadership and teamwork. Some training opportunities will be mandated trainings. Maintain social work license.

 () Lead worker assigns, trains, schedules, oversees, or reviews work of others. () Plans, staffs, evaluates, and directs work of employees of a work unit. () Delegates authority to carry out work of a unit to subordinate supervisors or managers. 	
b. List the names, class titles, and position numbers of all persons who are supervised directly by employee on this position Name Title Position Number	on.
 23. Which statement best describes the results of error in action or decision of this employee? () Minimal property damage, minor injury, minor disruption of the flow of work. () Moderate loss of time, injury, damage or adverse impact on healthy and welfare of others. () Major program failure, major property loss, or serious injury or incapacitation. (X) Loss of life, disruption of operations of a major agency. Please give examples. 	
24. For what purpose, with whom and how frequently are contacts made with the public, other employees or officials? Numerous contacts are required with customers, community providers, agency personnel, and law enforcement and linvestigate and prosecute cases.	legal to
25. What hazards, risks or discomforts exist on the job or in the work environment?	
Dealing with angry and hostile individuals occur from time to time. The work environment involves normal everyday or discomforts typical of offices, meeting, and training rooms. Some discomfort that may be experienced are fatigue prolonged sitting, possible eye strain from use of computer monitor and stress from imposed deadlines.	
Entering homes and other environments that may be dirty, cluttered, possibly infested with bugs and rodents, and/or odors.	offensive
The normal risk of traveling on Kansas highways would occur on occasions where travel is required.	
26. List machines or equipment used regularly in the work of this position. Indicate the frequency with which they are used:	
Used daily: Digital and 35 mm cameras Personal computer with state access for state data systems Internet and e-mail Fax machine Copier Calculator State cars or rental vehicles	

PART III - 10 be completed by the department head or	personnei office
27. List the <u>minimum</u> amounts of education and experience this position.	which you believe to be necessary for an employee to begin employment in
Four year college degree	
Education or Training - special or professional	
License to practice social work in the State of Kansas ar	nd Valid Kansas Driver's License
Licenses, certificates and registrations	
	nd cultural influences on families. Knowledge of crisis intervention ure. Ability to exercise sound judgment with close to moderate
Broad knowledge of all DCF programs.	
Special knowledge, skills and abilities	
Six months experience as a social worker.	
Experience - length in years and kind	
N/A	
a necessary special requirement, a bona fide occupation	are necessary either as a physical requirement of an incumbent on the job, all qualification (BFOQ) or other requirement that does not contradict the cation. A special requirement must be listed here in order to obtain
N/A	
	3333
Signature of Employee Date	Signature of Personnel Official Date
	Approved:
Signature of Supervisor Date	Signature of Agency Head or Date Appointing Authority